


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:44

DOCUMENT # A02000001136	
1. Entity Name EL CLAIR LTD	

Principal Place of Business 4800 N. FEDERAL HWY. SUITE 307B BOCA RATON, FL 33431 US	Mailing Address 4800 N. FEDERAL HWY. SUITE 307B BOCA RATON, FL 33431 US
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2. Principal Place of Business - No P.O. Box # 350 CAMINO GARDENS BLVD. Suite, Apt. #, etc. STE 301 City & State BOCA RATON, FL. Zip 33432 Country US	3. Mailing Address 350 CAMINO GARDENS BLVD. Suite, Apt. #, etc. STE - 301 City & State BOCA RATON, FL. Zip 33432 Country US
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02262008 Chg-LP CR2E003 (12/06)

4. FEI Number 51-0439936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent CAP SERVICE CORPORATION 4800 N. FEDERAL HWY. 350 CAMINO GARDENS BLVD. SUITE 307B STE 301 BOCA RATON, FL 33431 33432
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

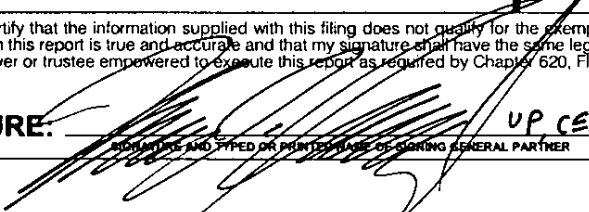
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000111027 RK VENTURES INCORPORATED 4800 N. FEDERAL HWY., SUITE 307B BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  UP CEO  
 ALL VENTURES, Inc  
 GENERAL PARTNER 3/21/08 395-0200  
 Date Daytime Phone #

STAPLE CHECK HERE